

BEST AVAILABLE COPY

| POSITION            | INITIALS | ED NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   |          |        |          |
| O.I.P.E. CLASSIFIER |          |        | 09/02/99 |
| FORMALITY REVIEW    |          |        |          |

## INDEX OF CLAIMS

|                        |            |   |       |              |
|------------------------|------------|---|-------|--------------|
| .....                  | Rejected   | N | ..... | Non-elected  |
| .....                  | Allowed    | I | ..... | Interference |
| (Through numeral)..... | Canceled   | A | ..... | Appeal       |
| .....                  | Restricted | O | ..... | Objected     |

[illegible][illegible]

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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